

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RELATIONS
14 FEB -5 AM 10:38

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. **12FE4M5**
Friends of Schumer

ADDRESS (number and street) **192 Lexington Avenue**
Suite 1001
Check if different than previously reported. (ACC) **New York** **NY** **10016** - **00**
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER

C **C00346312**

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

4. STATE DISTRICT

NY **00**

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)

☐ July 15
Quarterly Report (Q2)
and/or Semi-annual Report

☐ October 15
Quarterly Report (Q3)

☒ January 31
Year-End Report (YE)
and/or Semi-annual Report

☐ July 31 Mid-Year
Report (Non-election
Year - PAC/Party) (MY)
and/or Semi-annual Report

(b) Monthly Report Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)
(Non-Election Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)
(Non-Election Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7) and/or
Semi-annual Report

☐ Oct 20 (M10)

☐ Jan 31 (YE) and/or
Semi-annual Report

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Special (12S)

☐ Convention (12C)

Election on

in the
State of

This report also covers
the semi-annual period

See Line 6(b)

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

in the
State of

This report also covers
the semi-annual period

See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers **10** **01** **2013** through **12** **31** **2013** and/or **January 1 - June 30**
☒ **July 1 - December 31**

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

48,000.00

133,600.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Michael E. Toth**

Signature of Treasurer

Date

01 **06** **2014**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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Only

FEC FORM 3L

02/2009

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